

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/532,483
	Filing Date	December 13, 1999
	First Named Inventor	Freeland ABBOTT
	Art Unit	2157
	Examiner Name	A. Salad
	Attorney Docket Number	324212005300

**To:** Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;  
 the practitioners (with registration numbers) of record listed on the attached paper(s); or  
 the practitioners of record associated with Customer Number: 76102

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input checked="" type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

#### Certifications

*Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.*

1.  I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2.  I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3.  I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The practitioners have been discharged by the assignee/client. The assignee/client has requested transfer.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

**Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.**

Change the correspondence address and direct all future correspondence to:

A.  The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

B.  Inventor or  
Assignee Name: **Yahoo! Inc.**

Address **701 First Avenue**

City	Sunnyvale	State	CA	Zip	94089	Country	U.S.A.
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Telephone	408-349-3300	Email	readerc@yahoo-inc.com				
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature **/Robert A. Saltzberg/**

Name **Robert A. Saltzberg** Registration No. **36,910**

Address **Morrison & Foerster LLP**  
**425 Market Street**

City	San Francisco	State	CA	Zip	94105-2482	Country	US
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Date	March 12, 2010	Telephone No.	(415) 268-6428				
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**NOTE: Withdrawal is effective when approved rather than when received.**

<b>Request for Withdrawal as Attorney or Agent</b>		<b>Practitioner Registration Numbers Supplemental Sheet</b>		
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Name	Registration Number	Name	Registration Number	